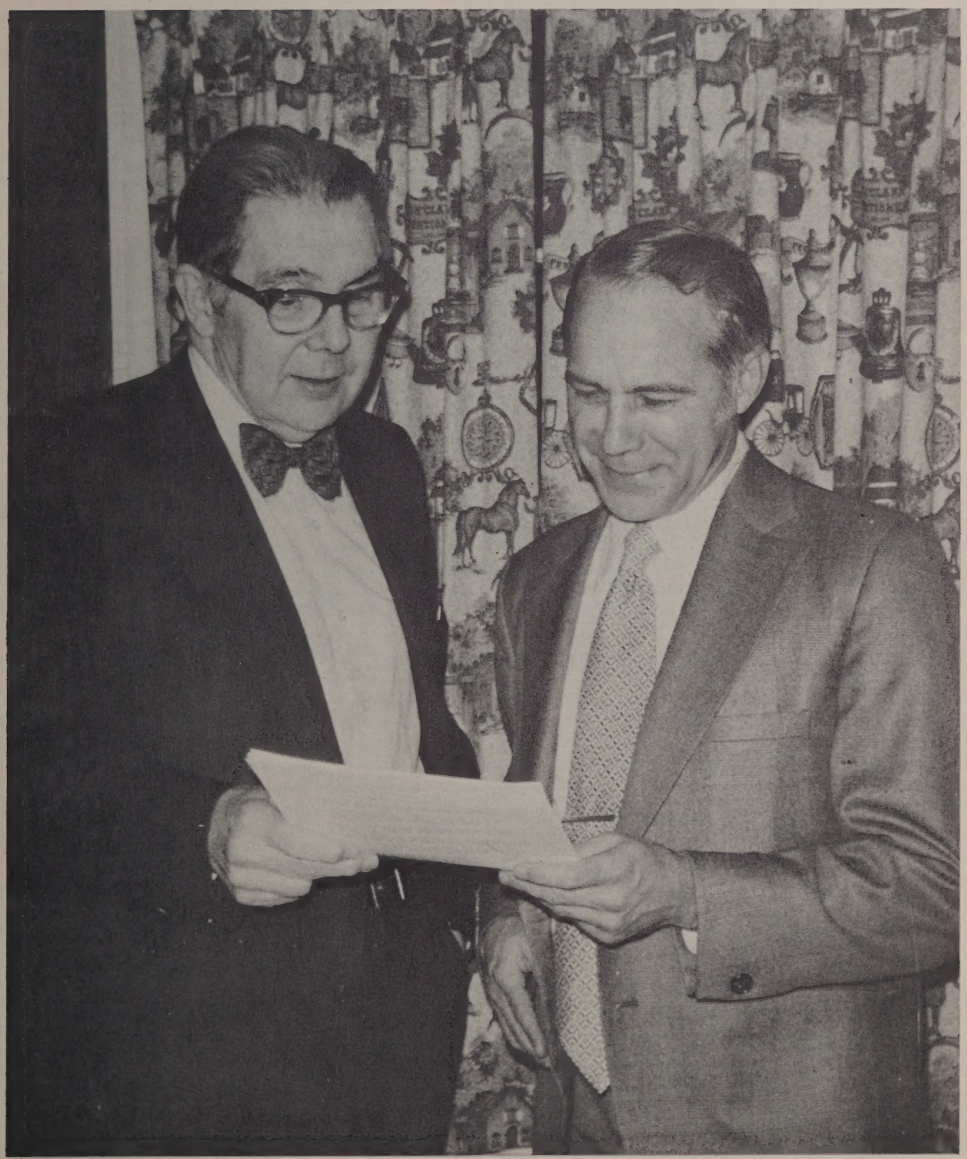
The Hampden Hippocrat

February
1973



LEGISLATIVE ISSUE

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THE HAMPDEN HIPPOCRAT
·1942·

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MORE ACTION

by
JAMES D. ALLAN, M.D.
HDMS LEGISLATIVE COUNCILOR

Legislation affecting medical practice continues to increase with each session of the Mass. General Court. Of the approximately 8,000 bills filed, the MMS Committee on Legislation has screened out roughly 110 bills for study and evaluation. Some of these bills are refiles from previous years or are new versions of previously considered matters. Nonetheless, a tremendous amount of work is involved and at our meeting on January 17, we were only able to make determinations on 62. This means another meeting will be held on January 31 to try to complete our initial report. Of the 62 bills, we have voted to support 18 and voted to oppose 7. This year, we have two new categories; hence, we voted qualified support for two and voted further study for twelve. For a variety of reasons we took no action on 25 bills which means we will not report them out at all. At the January 17 meeting, Dr. Boivin, the Alternate Legislative Councilor also attended.

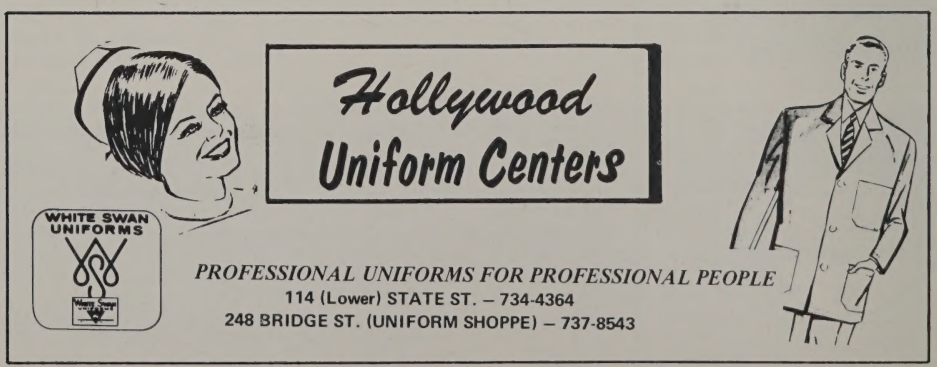
Since the February issue of *The Hampden Hippocrat* is traditionally devoted to these matters, you will find reports on the 37 bills reported out of the Committee and the rest should be in the March issue. It is important that you receive this information as soon as we have it ready for the simple reason that the General Court has already begun hearings and one of these bills has been reported out.

Now that the war in Indochina appears to be coming to a conclusion, the next Congress will be devoting more time to domestic issues, and federal health programs are reportedly number three on the list of important issues. National Health Insurance bills will be submitted by Senator Kennedy, the Administration, and by the AMA (Medicredit).

Recently, some of the members of the HDMS met with Senator Kennedy in Holyoke for an hour-long meeting. It was felt that there was a good exchange of views on various matters and it most certainly was not a "controlled" meeting.

The debates which will occur on these programs both at the State and Federal levels would be better served if each physician would consider it his duty to inform his several legislators as to his opinions and suggestions. Your Committee stands ready at any time to explain the ramifications of the various bills.

COVER: L. to R. – Robert M. Holland, M.D., Chairman, MMS Committee on National and State Legislation and James D. Allan, M.D., HDMS Legislative Councilor.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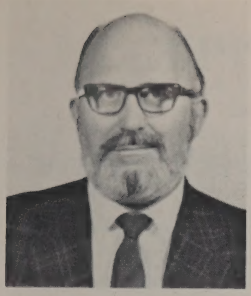

President's Page

NO END

Various laws have been passed during the past year with the most important being Public Law 93-692. This was originally the HR-1, which has been passed by the House and Senate on October 17, 1972, and signed into law by President Nixon on October 30, 1972. The important part of this particular law as it affects physicians is the P.S.R.O. section – the Professional Standard Review Organization. During the past nine months, we have had a constant, steady diet of alphabet soup, H.C.F.W.M. – the Health Care Foundation of Western Mass., P.S.R.O., C.I.M., Q.A.P., etc. The newest law which requires that you pay a fee for a narcotic license has already been taken care of by the Federal Government. However, the Commonwealth of Massachusetts saw fit to pass a similar one at the very last moment according to Dr. James Allan, our Legislative Councilor, without anyone knowing it. This particular drug act states that you and I have to pay an added ten dollar fee for our narcotic license, with the same BNDD number as used by the Federal Government. I, as your president, will inquire and ask of the MMS what the State is doing with this particular fee which it is collecting from the physicians.

As you see, we are being hemmed in more and more by the various laws passed by our Legislature. If you will just remember back to my inaugural address, we have to be very careful and watch as to when we reach the point which makes us a Facist state or a dictatorial type of government and not a democracy. As you know, under present Presidential edict, we are the only group of individuals, other than food growers, who are discriminatorily being placed under a price control. Price control, if it is general and total, involving all segments, is a fair and equitable way of holding down inflation. However, to take and discriminately pick out just two segments of the entire population in this country, as we have stated to President Nixon, is a total dictatorial control of physicians.

We are fully aware of our government's problems with inflation, but our price increase averaged only 1.7%. The great increase, de facto, has occurred in the hospital costs and this is not entirely within control of hospitals either. Much of the increase has been caused by legislative action again. Here, because of increased social security benefits as of the first of January, hospitals have had an increased cost of payroll. At the meeting a few weeks ago with Senator Edward Kennedy, it was pretty clearly stated that there definitely will be a minimum wage law increase to at least $2.20 per hour. Here again, legislative and governmental action is increasing the cost of hospitalization and the cost of caring for people because they have increased the basic minimum wage and thereby cause us to increase salaries.

We should take a hard look at what the government is pushing us to, and write to our Congressmen telling them that we, as physicians, and as free, independent thinking men who are concerned for the good of our patients, feel that with this governmental control, through law, they are only interfering with proper care of patients. They had better take another look before they pass any more harrassing or restrictive laws.

Robert N. LaMarche M.D.

Robert N. LaMarche, M.D.

LEGISLATIVE HOPPER

The following are some of the bills under consideration this year in the General Court of Mass. The number of the bill, a brief description thereof, and the recommendations made by the MMS Legislative Committee are given. For more information, Dr. James D. Allan, Chairman of the HDMS Legislative Committee or the Society's office should be contacted.

SUPPORT

S-108 – Regulating the advertising of accident and health insurance (Sen. McKinnon et al) Insurance.

S-360 – Establishing a scholarship-work program for certain medical students (Mr. Robert L. Cauley) Education.

Note: One quarter, one half, or full scholarships would be awarded to qualified students who are residents of Massachusetts, enrolled in approved medical schools in Massachusetts, and who need financial assistance to pursue a course of study in medicine. For each quarter scholarship awarded the recipient shall serve for one year in a facility recognized by the Department of Public Health as a primary care facility. This service shall be performed within ten years of graduation from medical school, and shall be compensated for at a fair and equitable rate.

Failure of the recipient to so serve shall result in the repayment of all sums awarded with interest and expenses.

S-593 – Relates to the protection of certain children who have been injured, maltreated or abused. (Sen. Bulger) Judiciary

Note: Any physician treating such a child under 16 years shall have the right to keep the child in his custody but must communicate by any means available, including the telephone, with the presiding judge of the district or juvenile court of the judicial district in which he is located to receive permission to keep such child. Concurrently, the physician shall notify the Department of Public Welfare of his action with regard to due process. The physician's custody shall cover to the next court hearing day. During this interim period, if placement of the child appears to be needed, it shall be done by the Department of Public Welfare.

S-595 – Relates to holding a child in a hospital upon telephone call of a physician until hearing may be held relative to the care and custody of such child. (Sen. Bulger) Judiciary

Note: Should a parent or other persons request the release of an abused child being held in protective custody by a physician or hospital, the presiding judge of the district may give permission to the physician or hospital to keep the child until a hearing relative to the child's custody is held.

S-609 – Relates to the commitment to the Department of Mental Health on certification of a licensed psychiatrist of seriously mentally ill children. (Sen. Bulger) Judiciary

Note: On certification of a licensed Massachusetts psychiatrist that a child before the court is seriously mentally ill and that the child requires residential treatment, the Boston Juvenile Court

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Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

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would be authorized to commit such child to the Department of Mental Health. When the purpose of the commitment has been accomplished the child may be released by the Department with the authorization of the Court.

S-713 – Bill to lower the prima facie level of presumption of operating under the influence of intoxicating liquor to eight one hundredths of the percentage by weight, of alcohol in the defendant's blood. (Sen. Quinlan) Judiciary

Note: Last year the Society supported legislation which was enacted (Chapter 488 Acts of 1972). The new law lowers the percentage from fifteen one hundredths to ten one hundredths of the percentage, by weight, of alcohol in the defendant's blood. S-713 would lower the percentage further to eight one hundredths.

S-1119 – Establishing the State Commission on Medicolegal Investigation and the Office of Chief Medical Examiner. (Gilbert H. Friedell) Social Welfare

Note: Bill not available at this time.

S-1127 – Licensing methadone clinics, so-called. (Sen. Lewis) Social Welfare

Note: No further information available at this time.

H-67 – Requiring labeling of cosmetics. (Consumers Council) Commerce & Labor

Note: The bill would require the labeling of all cosmetics including a complete specification of all ingredients contained therein. Many consumers have allergies to certain ingredients contained in some cosmetics.

H-70 – Requiring open dating and nutritional and ingredient labeling of consumer commodities. (Consumers Council) Commerce & Labor

Note: The bill would require a percentage listing of food product ingredients including a complete specification of the nutrients, fats, proteins and carbohydrates which the product contains.

H-104 – To remove arbitrary restrictions on the qualifications of certain physicians to testify in workmen's compensation cases. (Division of Industrial Accidents) Insurance

H-184 – Further regulating radiation therapy equipment. (Mass. Dept. of Public Health) Social Welfare

Note: The Department's explanation – This legislation would close a loophole in present requirements governing the installation and use of potentially dangerous sources of radiation.

The bill reads: Section 5: No Person shall install, cause to be installed, or obtain devices or materials for use in providing radiation therapy treatment to

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individuals or animals, unless the department has given prior written approval.

H-186 – To insure high quality emergency medical care through regulation of ambulances and ambulance services. (Mass. Dept. of Public Health) Social Welfare

Note: A similar bill H-2186 was also filed by Rep. Bertonazzi, Vice-Chairman of the Special Joint Committee on Health Services and Benefits. The bills are very similar but differ somewhat in the make-up of the Emergency Medical Care Advisory Board and the level of training requirements for ambulance personnel. The Society's Committee on Emergency Services and the Council have already voted to support this legislation.

H-188 -- Amending the law relating to medical disability examination. (Mass. Dept. of Public Health) Social Welfare

Note: The Department explanation – Currently, the physicians examining a person claiming medical disability must do so as a panel. Often they are from different parts of the state and this occasions great delays in processing these claims. This legislation would allow the physicians to examine such persons separately.

H-876 – To establish a medical advisory board for the Registry of Motor Vehicles. (Mass. Medical Society) Public Safety

Note: The Society filed similar legislation last year but the bill became so watered down with amendments that it became impractical.

The bill provides that the registrar may in consultation with the commissioner of public health appoint a medical advisory board consisting of qualified doctors of medicine licensed to practice medicine within the commonwealth, not to exceed fifteen in number, not including the commissioner of public health or his designee, who shall serve as chairman of the board. The registrar may refer to the board for advisory opinions on standards of fitness for driver's permits.

H-914 – Relative to educational requirements of certain professional persons. (Mass. Medical Society) Social Welfare

This Society sponsored bill would require the applicants for registration to practice medicine, dentistry, osteopathy, pharmacology, podiatry, optometry or chiropracty be graduates of schools and colleges accredited by an accrediting agency recognized and approved by the National Commission on Accrediting and the Office of Education, Dept. of HEW.

Note: The Division of Industrial Accidents filed this legislation with the following explanation;

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Present provisions provide that if a dispute arises on a medical question as to liability or disability in an industrial accident case, the Commissioner may send the injured employee for examination by a qualified specialist who is "impartial" or disinterested in the particular case. His report shall be admissible as evidence. The second paragraph of Section 9 greatly limits the effective use of Section 9 in determining rights of injured employees. Because these physicians who are qualified by experience, knowledge and training to be impartial examiners are in great demand, both by insurance companies and employee's attorneys, they frequently appear and testify in industrial accident cases. If they appear and testify more than this arbitrary number of times in the twelve months preceding the hearing, then their report is not admissible. Thus, two situations occur regularly. One, the number of experienced physicians available is so greatly reduced that they cannot handle adequately the number of matters referred to them. Second, if the matter is referred to a more experienced examiner, the party to whom the report is unfavorable objects to its admisability. This causes the Board to appoint another examiner and thus delays the proceedings. The proposed amendment would widen the choice of Commissioners in the selection of physicians to examine injured employees."

H-124 – To permit the voluntary surrender of registration as a qualified physician. (Board of Registration in Medicine) Social Welfare

Note: Section 2, Chapter 112, of the General Laws would be amended by adding at the end thereof the following paragraph – Any person registered as a qualified physician hereunder, may, with the permission of the Board, voluntarily surrender such certificate of registration and thus cancel his registration as a qualified physician. One year after cancellation said physician may petition the Board for a hearing to determine whether the relinquished certificate and registration shall be restored upon payment of a fee of fifty dollars.

H-183 – Regulating clinical laboratories including the licensing of clinical laboratories, if not maintained by a licensed hospital or clinic. (Mass. Dept. of Public Health) Social Welfare

Note: The Department's explanation – This legislation will establish a multi-disciplinary advisory committee on laboratory licensing that will authorize the Department of Public Health, after consultation, to establish and enforce standards governing the construction, renovation, maintenance, safety, sanitation, technical performance and direction of clinical laboratories.

QUALIFIED SUPPORT

S-65 – Waiving education requirements for certain health fields if applicant has been an Armed Forces Health Technician. (Sen. Parker) Social

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Welfare

Note: Specifically mentioned are physical therapy, dental hygienist, and LPN.

H-*** – An Act to reorganize the Rate Setting Commission. (***This bill has no number yet, it is to be filed late by Speaker Bartley).

Note: The Massachusetts Federation of Nursing Homes and the Mass. Council for Better Health Care, co-sponsors of the bill, analyze the proposal as follows:

The Mass. Rate Setting Commission is involved in setting rates for general health services which total over eight hundred million dollars a year. It is an enormous responsibility. Its organization and operations, however, fall far short of meeting the standards of efficiency and procedural fairness which the people of the Commonwealth have the right to expect.

Its operations are under the guidance of five part time commissioners who cannot possibly be expected under their statutory organization to meet the tasks levied upon them. The Coordination between the rate setting function and the rule making function of the departments of the Commonwealth that establish the standards to which providers of health care services must adhere, leaves much to be desired. Over the past three years the rates established are not truly adequate to meet current cost of providers and thus the Commonwealth is in the unhappy position of now being delinquent in payments for patients in amounts upward of one hundred million dollars. The exact amount of these obligations is not known and the Legislature is in the unhappy position of not being informed of the facts on the basis of which it can meet its responsibility to appropriate monies to pay the State's obligations.

This latter fact points up the importance of procedures to establish rates on a more current basis in order that the Commonwealth will not be plagued by huge unmet obligations making for inequities and inefficiencies. The accumulation of huge debts is in itself an added expense to the Commonwealth since the interest that must be paid by providers of service to borrow money in anticipation of Commonwealth payments becomes an expense includable in the establishment of a rate.

It therefore becomes a matter of prime concern that the statutory law governing the operations of the Rate Setting Commission be amended to enable the executive branch of government to coordinate its operations with other departments of Government on a prudent and efficient basis.

The bill attempts to achieve this in the following ways:

1. It would continue the Rate Setting Commission as an independent agency but placed within the frame of agencies over which the Secretary of the Executive Office of Human Services would have responsibilities. The latter executive office has within its orbit Public Health, Public Welfare and Mental Health, all of

which agencies have a prime responsibility for coordinating with the Rate Setting Commission.

2. Three full time commissioners would be appointed by the Governor with the advice of the Secretary of the Executive Office of Human Services for three year terms after initial appointments. They would be paid $35,000.00 a year and would be responsible for the evaluation of methods whereby rates would be established sufficient to enable providers of health services to meet current costs under the standards required of such providers by Government.

3. Within the Commission operations there would be divisions of responsibility, for instance, a division of nursing homes and rest homes, headed by a director at $22,000.00, who would be non-civil service, full time, and appointed by the Rate Setting Commission. Such directors would report directly to the Commissioners.

4. There would be a coordinating council consisting of the three Commissioners and the Commissioners of Public Health, Public Welfare, Public Safety, and Administration. Their responsibility would be to make certain that rates would be adequate to enable providers of public service to do the things required of them by the regulatory agencies. This Advisory Council would annually report on its operations to the Secretary of the Executive Office of Human Affairs and to the Legislature.

5. The Commission would appoint an Advisory Council for each bureau consisting of ten individuals. Five of these individuals would be representative of consumer interest. None of whom would have any direct or indirect financial relationship to a provider of health services. Two of the latter would be selected from recommendations of the Secretary of the Executive Office of Elder Affairs in order that the senior citizens – who are most directly concerned with this whole area of health care services – would have representation before the appropriate bureau of the Commission.

The remaining five members of the Advisory Council would be providers or representatives of providers who would be affected by the activities of the bureau. The effort here would be to encourage the coordination of policies and systems of government and procedures to more efficiently deliver health services – particularly to the elderly.

6. The Commission would be required to establish policies to enable rates to be set on a current basis. The premise is that at all times so far as it is practical, rates should reflect current costs in order that retroactive obligations could be minimized and the cost of services to the State could be lessened by reducing interest that would otherwise have to be paid on borrowed money. To this end, every provider of service would have the right at any time to petition the Commission for an increase in rate provided he submitted in complete detail the material accounting data, the veracity of which would be sworn to by an accountant. With such submission the director could quickly determine whether a prospective increase in rate was warranted and could quickly write a

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report thereon. If this report was then approved by a Commissioner, an increased rate could become effective when filed with the Secretary of State.

With the comprehensive knowledge and information which the Department now has in respect to every provider of health services in the Commonwelath, and with the sworn statement by an accountant with respect to accounting data submitted, there is no practical reason why with efficiency and dispatch the Commonwealth cannot adjust rates currently to reflect current allowable costs.

OPPOSE

S-553 – Requiring certain corporations to exercise preference to providers who are part of or participate in health maintenance organizations. (Sen. McKinnon et al) Insurance

Note: The bill would provide that any hospital service or medical service corporation or any corporation offering any hospital or medical service plan, whether such corporation is nonprofit or not, which is incorporated under the laws of the Commonwealth, shall exercise preference in negotiating their provider contracts for providers who offer prepaid, group practice, health maintenance services, and shall negotiate with providers to develop such health maintenance organizations to the end that all subscribers to any such plan offered by said corporations shall be enrolled from such health maintenance organizations.

S-554 – Requiring that contracts between a hospital service corporation and a hospital shall contain provisions for the maximum use of high cost facilities compatible with quality care. (Sen. McKinnon et al) Insurance

Note: The bill stipulates that any agreement between a hospital service corporation and a hospital shall contain provisions for maximum use of high cost facilities compatible with high quality care.

S-561 – Establishing the Mass. Blue Cross-Blue Shield Authority. (Mass. State Labor Council AFL-CIO) Insurance

Note: This five man Authority would have final approval of all rates for medical services provided by Blue Cross-Blue Shield and master dental coverage and shall promulgate such rates annually, after a public hearing. The Authority shall have the power to subpeona any and all records of any legal entity in the Commonwealth necessary to perform its function and to establish fair and equitable rates for all medical, dental, orthopedic or similar services. The Governor would appoint the five members of the Authority as follows: one member sponsored by the Mass. AFL-CIO; one member sponsored by the Mass. Hospital Association; one member sponsored by Mass. Blue Cross-Blue Shield; one member sponsored by the Consumers Council; and one member representing the general public.

S-1107 – Authorizing the Dept. of Public Health to set up glaucoma clinics throughout the state. (Sen. Conte) Social Welfare

Note: The Society has opposed this bill in the past as being unnecessary legislation.

H-182 – An Act amending the Drug Formulary Law. (Mass. Dept. of Public Health-Mass. Drug Formulary Commission) Social Welfare

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Note: The following statement is the Department of Public Health explanation of the bill – "The Drug Formulary Commission would have increased consumer representatives and would obtain the authority to adopt regulations under this bill. In addition, a pharmacist would be required to dispense the least expensive generic drug unless a person's physician specifically directed otherwise."

The following are the comments of an attorney for a pharmaceutical concern relative to H-182:

H.B. 182 has been pre-filed for consideration during the 1973 session of the General Court. It contains the recommendations of the Massachusetts Formulary Commission for amendments to Chapter 717 of the General Laws (Serlin Formulary) following an investigation by the staff of the Commission into the practical effects of the law. This investigation seemed to indicate that the law was widely regarded as unworkable by doctors and pharmacists throughout the Commonwealth and that both groups preferred not to invoke its provisions. Very few physicians, in fact, chose to alter their prescribing preferences by inserting generic name on a prescription whenever the brand name of a drug listed in the formulary was being ordered. Pharmacists, in general, showed a great reluctance to dispense any product or generic drug other than as ordered by the physician.

H-441 – Relative to death certificates (Rep. Collaro) Government regulations.

Note: Chapter 49 of the General Laws would be amended by striking out Section 9, as most recently amended by Chapter 106 of the Acts of 1969 (An Act providing that certain medical officers may execute death certificates even though they had not attended the deceased), and inserting in place thereof the following section.

Section 9 – A physician or registered hospital medical officer shall forthwith after the death of a person at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating the name of the deceased, his supposed age, the disease of which he died, defined as required in section one, where same was contracted, the duration of his last illness, when last seen alive and the date of his death. Said physician or officer shall print or type on every certificate furnished by him under this section and section 9 the cause or causes of death and directly below his signature, his name.

A physician or officer at the birth of a child dying immediately thereafter shall forthwith furnish for registration a certificate stating that to the best of his knowledge and belief such child died immediately after birth. Both the birth and death of such child shall be recorded.

H-735 – Further defining the practice of hypnotherapy. (Rep. Sirianni) Social Welfare

Note: Chapter 1021 of the Acts of 1971 would be amended by adding the following paragraph:

Teachers or practitioners of hypnotherapy or the science of hypnosis shall not be prohibited from doing work of a psychological nature consistent with the acceptable standards of their profession. As teachers of hypnosis said hypnotherapists' students shall consist exclusively of medical doctors, dentists, psychologists, registered nurses or persons of a profession associated with the practice of medicine, dental science or psychology. Said hypnotherapists shall not hold themselves out to the public by

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any title or description stating or implying that they are psychologists or are licensed to practice psychology. Said hypnotherapists shall not practice or teach hypnosis for any theatrical or entertainment purpose whatsoever.

FURTHER STUDY

S-145 – Further regulating registration of persons manufacturing, distributing, dispensing or possessing controlled substances (Sen. Tobin and Rep. Delahunt) Social Welfare

Note: In a check with Senator Tobin's office it was learned that the title of this bill is erroneous and misleading. This bill and a series (S-146, S-147, S-148 and S-149) relate to retail and wholesale drug firms and the Board of Registration in pharmacy. Prescribing by physicians is not involved.

S-484 – Relating to the profession of speech pathology and audiology; establishing a state board of examiners, prescribing the duties and powers of such board; licenses and fees; specifies the performance functions so authorized; establishing qualifications necessary for license, and relating to violations hereunder. (Sen. Backman et al) Government Regulations

Note: The Board would consist of seven persons who are residents of the state, five of whom shall have been engaged in rendering service, teaching, or research in speech pathology and/or audiology for a period of at least five years following the receipt of certification by the American Speech and Hearing Association.

At least two Board members shall be audiologists, at least two shall be speech pathologists, one shall be a consumer representative snd one otolaryngologist who must be board-certified by the American Academy of Ophthalmology and Otolaryngology.

S-530 – To regulate payments by hospital service corporations to non-participating hospitals and to protect subscribers and covered dependents. (Sen. Foley) Insurance

S-556 – Requiring certain corporations to provide certain out-patient medical insurance and medical treatments for primary or

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preventative care. (Sen. McKinnon et al) Insurance

Note: The bill would provide that any corporation providing subscribers or clients insurance against hospital, physician or other forms of medical charges for a premium payment shall offer to subscribers insurance for the payment of medical expenses incurred on an ambulatory or out-patient basis and for medical treatment for primary preventative care. Failure to do so could be cause for revocation of incorporation.

S-1101 – To amend the controlled substances act to conform with federal law concerning the confidentiality of research subjects. (Sen. Bulger) Social Welfare

S-1105 – Allowing certain representatives of registered manufacturers of controlled substances to possess certain drug compounds for the purpose of demonstrating displaying, selling or distributing as samples said compounds to a practitioner. (Donald M. Cormier & Sen. Burke) Social Welfare

Note: The Massachusetts Pharmaceutical Association suggests a cautious point of view. The bill relates to detail men carrying controlled substances. There is the danger of overstocking, the detail man's car then becomes another vehicle available to addicts, etc. The question is, would the M.D. benefit that much by allowing non-registered salesmen to carry controlled substances.

H-88 – To identify learning disabilities prior to school entrance. (Dept. of Education) Education

Note: The bill would establish in the division of special education of the Department of Education a registry of all children from birth to twenty-one years of age suffering mental, physical or emotional disability. All physicians, hospitals, persons in charge of day care programs, well-child conferences and children's clinics shall notify the Department of Education of disabilities which become apparent in the course of the child's growth and development.

H-125 – To permit registration without examination of a graduate of a Puerto Rican Medical School who has been licensed by examination in another state. (Board of Registration in Medicine) Social Welfare

Note: The fourth paragraph of Section 2 of Chapter 112 of the General Laws as appearing in Chapter 662 of the Acts of 1971 would be amended by adding after the word "States" in line two the following – The Commonwealth of Puerto Rico.

H-179 – Making certain further corrective changes to the controlled substances act. (Mass. Dept. of Public Health) Social Welfare

Note: This legislation clarifies certain definitions in the controlled substances law to bring that act into conformity with accepted medical practice.

H-181 – Authorizing the Commissioner of Public Health to promulgate regulations relating to the analyses of controlled substances and other materials. (Mass. Dept. of Public Health) Social Welfare

Note: The Commissioner would be granted authority by this bill to promulgate regulations relating to the testing procedures to be carried out in the Department relating to drugs. This authority would be consistent with the Department's duties relating to controlled substances under Chapter 94C.

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NO ACTION

S-12 – Lowering the legal age of majority from twenty-one years to eighteen years. (Sen. Quinlan) Judiciary

Note: Sen. Tobin has filed similar legislation – Senate No. 114.

S-92 – Providing for the conveyance of certain land and building to the University of Massachusetts Medical School for the establishment of a School of Veterinary Medicine (Sen. Conte) Education

S-126 – Providing for the appointment of Joseph P. Reardon to the position of Assistant Director of Cancer and Chronic Diseases in the Division of Medical Care of The Department of Public Health. (Sen. Harrington) Public Service

S-152 – Authorizing the General Court to change the title of the Department of Mental Health to Department of Managing Health. (Sen. Timilty) State Administration

S-233 – Providing that registered psychologists may organize professional corporations. (Sen. McKinnon) Commerce and Labor

S-521 – Providing for consumer representation on the boards of hospital service corporations. (Sen. Backman) Insurance

Note: Eleven consumers who are also subscribers would be appointed to the boards of hospital service corporations. Consideration shall be given to persons recommended by the Advisory Committee of the State Comprehensive Health Planning Agency.

S-543 – Authorizing and directing the group insurance commission to contract for certain cancer illness coverage. (Sen. Kelly) Insurance

Note: Coverage would include all hospitalization, drugs and medicine, surgical and x-ray treatments, nursing and doctors costs, anesthesia, blood plasma, and ambulance services, and every nursing, convalescent, and extended hospitalization costs.

ATTENTION COMMITTEE CHAIRMEN!

Committee reports that are purely informational in character need not be presented at the Annual Meeting. Instead, they will be published in the April issue of the *Hippocrat.*

The only requirements are: (1) that the report not exceed 300 words and (2) that the original report and a copy reach the Society's headquarters not later than March 1. A copy of the report is necessary for printing in the *Hippocrat.*

Reports containing "recommendations" will have to be presented at the Annual Meeting.

Chairmen of sub-committees are not expected to present reports at the Annual Meeting; rather, they are to report to their respective parent committees.

Your cooperation is urgently requested.

Walton E. Stevens M.D.

Walton E. Stevens, M.D., Secretary, HDMS

S-1064 – To require licensing of x-ray equipment. (Sen. Atkins) Social Welfare

Note: No further information available at this time.

S-1066 – To provide for the licensing and proper administration of electric shock treatment facilities. (Charles Francis Mahoney, Sen. Atkins & Mass. Mental Health Assoc.) Social Welfare

Note: The provisions of this bill were brought to the attention of the members of the Society's Committee on Mental Health at a recent meeting.

This committee felt the proposed legislation was too restrictive, should be the responsibility of the Department of Mental Health, and was unnecessary.

S-1090 – Providing for the instruction of courses in human development in public schools, grades K-12. (Sen. Backman & Rep. M. F. Flaherty) Social Welfare

Note: The Society has already gone on record as endorsing a curriculum guide on venereal disease for junior high school teachers.

S-1102 – Establishing in the State Department of Public Health a program for the care of persons suffering from Hemophilia, providing for an advisory committee in connection therewith, and designating powers and duties in relation there to and making an appropriation therefor. (Dr. Peter H. Levine & Neal P. Cortell) Social Welfare

Note: Dr. Levine, co-sponsor of this bill, is a Hamatologist with a subspecialty in coagulation disorders at the New England Medical Center Hospital. He states that on the vicinity of Children's Medical Center and Tufts Medical Center there are an estimated several hundred child hemophiliacs. Many of these children can be treated but the cost per child could run from $15,000 to $20,000. Most families cannot afford the costs of the treatments. Dr. Levine's bill would set up a treatment program under the Mass. Department of Public Health. An advisory board consisting of a public representative, clinician, hematologist and two other specialists would oversee the program. An estimated five hundred thousand dollars would be needed to carry out a statewide program for hemophiliacs.

S-1114 – Authorizing the establishment of out of hospital dialysis units under the supervision of the Department of Public Health. (Sen. DiCarlo) Social Welfare

Note: No further information available at this time.

S-1122 – To establish a new health care facilities agency and regional rate review boards for all health care facilities, which shall be charged with the duty to assure all purchasers of health care facility services that the rates they pay are not discriminatory or excessive and are reasonably related to the cost of such services; providing for the powers, duties and functions and for the appointment of staff of such agency and regional boards. (Robert T. Capeless) Social Welfare

Note: Bill not available at this time.

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Professor of Medicine
Georgetown University School of Medicine
Past President: American Heart Association
Washington, D.C.

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S-1150 – Requiring the inclusion of interest costs caused by delayed payments in the operating expense of a provider of health services. (Sen. Tililty et al) Social Welfare

Note: Bill not available at this time.

S-1156 – Directing the Department of Corrections to investigate and improve medical and physical fitness facilities in correctional institutions under its supervision and control and in county houses of correction. (Sen. Sisitsky et al) Social Welfare

Note: Dr. Curtis Prout, Director of Special Health Services for the Mass. Department of Public Health, said that this is one of several bills calling for the improvement of medical services in correctional institutions. He suggests that the Society take no action at this time. He will be available to represent the Society at public hearings on the bills if it is considered essential.

S-1157 – To establish a Department of Mental Retardation. (Sen. MacKenzie, Timilty et al) Social Welfare

Note: No further information at this time.

S-1165 – To establish a procedure by which hospitals, clinics and others providing medical treatment, care and services to persons incurring any spinal cord injury are required to report these cases to the Department of Public Health for their records.

Note: Bill not available at this time.

S-1172 – Establishing a nutrition board and office of nutrition in the Department of Public Health. (Sen. Umana) Social Welfare

Note: Similar legislation has been filed by Sen. Foley (S-112). The Woman's Auxiliary of Massachusetts Medical Society supported this legislation last year. The main purpose of the bill is to coordinate all the various state activities involving nutrition at state institutions, schools, and for the aged.

H-60 – To provide for the disclosure of hidden charges in the sale of prescription drugs. (Consumers Council) Commerce & Labor

*Note: "The Massachusetts Consumers Council has become aware of a practice employed by certain retail druggists whereby such retailers in their charges to consumers for prescription drugs include certain hidden charges such as filing fees and minimum charges. The Consumers Council believes that the consumer has every right to know of the existence of these hidden charges before a prescription is filled. The requirement of posting of such charges will enable the consumers of prescription drugs to become better informed as to what he is paying for and

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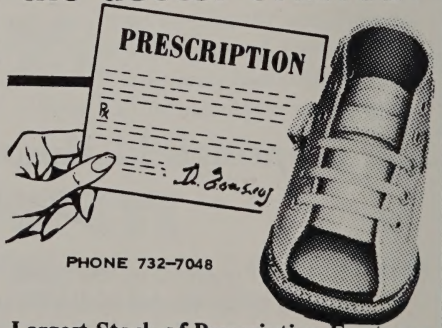

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*The foregoing statement is the Massachusetts State Consumers Council's explanation of the bill.

H-134 – Clarifying the word observation as appearing in the law governing mental health and mental retardation. (Mass. Dept. of Mental Health) Social Welfare

Note: This proposal is intended to clarify the observation period, that is observation includes care and treatment. This problem arose in a recent court hearing.

H-729 – Providing for payment by Department of Public Welfare to vendors of health services. (Rep. Buglione) Social Welfare

Note: The bill reads – The Department of Public Welfare shall make payments to vendors of health services not later than ninety (90) days after billing. If not carried out, the vendor will be entitled to interest on bill outstanding.

H-734 – Providing for a Chief Medical Examiner and a Deputy Medical Examiner. (Rep. Ronayne) Social Welfare

Note: This is a refile of House 2590 of 1972.

Section 1 of Chapter 38 of the General Laws would be amended by striking out the first paragraph, as most recently amended by Section 1 of Chapter 278 of the Acts of 1966 (An Act making women eligible for appointment as medical examiners and associate medical examiners), and inserting in place thereof the following paragraph:

The governor, with the advice and consent of the council, shall appoint for terms of seven years able and discreet men, learned in the science of medicine a chief medical examiner, and as medical examiners in and for their respective counties, and as associate medical examiners in and for their respective district in counties divided into districts, otherwise in and for their respective counties in numbers as follows:

The bill then spells out the duties of the chief examiner and the associate medical examiners, salaries, and administration.

(To be continued next month)

YOUR COMMITTEE OF CHOICE

In order to insure the widest possible participation in the H.D.M.S.'s affairs, I am hereby inviting and urging members who have a particular interest to name the committee on which they would like to serve. Needless to say, the effectiveness of a committee is in direct proportion to the interest and concern of its members.

In the forepart of the *Hippocrat* is a complete listing of the Society's committees. Simply by dropping a note or calling the H.D.M.S. office at 1414 State St., Springfield, Mass. 01109, your interest and preference will be given most serious consideration for appointment. Moreover, you will be rendering a distinct service to your profession, your community, and your Society.

Committee work is the heart of any organization. I urge you to let us know where you wish to apply your talents and energies.

Setrag A. Zacarian, M.D.

Setrag A. Zacarian, M.D.
Vice President and President-Elect

SPEAK YOUR PIECE

As your legislative representatives ponder the thousands of bills which are to be voted on, you can help them to serve you better if you would make your views, recommendations, and comments known to them. Even though a vis-a-vis, personal meeting with your representative is the most effective approach, a well thought out personal letter is the next best way of making your comments welcome. To increase the effectiveness of your letter, observe the following:

1. Be specific and brief;
2. Be friendly and courteous;
3. Be straightforward and sincere, stating particularly how the proposed legislation will affect your community and you;
4. Do not follow form letters or use carbon copies, write each personally and individually stating your own ideas in your own words;
5. Request proper action and ask for an answer;
6. Be appreciative by acknowledging good votes and action;
7. Sign your letters legibly and always include your address.

When writing your legislative representatives, your letters may be directed to their offices. Below is a listing of the areas they represent and where they may be reached.

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Senators

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Senate Office Building
Washington, D.C. 20510

Edward M. Kennedy (D)
Senate Office Building
Washington, D.C. 20510

Congressmen

First District-Silvio O. Conte (R)
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WARDS 3 AND 6
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THE NEXT MEETING of the SPRINGFIELD ACADEMY

will be held on

TUESDAY, MARCH 13, 1973

SPEAKER: Thomas C. McBride, M.D.
Medical Director
University Health Services
University of Massachusetts

TOPIC: "THE ROLE OF THE NURSE PRACTITIONER IN THE DELIVERY OF PRIMARY MEDICAL CARE."

PROGRAM: Social Hour – 6:30 P.M.
Dinner – 7:00 P.M.
Lecture – 8:00 P.M.
Storrowton Tavern, West Springfield

RESERVATIONS: Please call Mrs. Lund 734-5445, before Monday, March 12, 1973

In Memoriam

THOMAS S. SEXTON, M.D.

1913 - 1973

Dr. Thomas S. Sexton of 38 Ferry Hill Rd., Granby, on January 9, 1973, died suddenly in his office at the Mass. Mutual Insurance Co., Springfield, Mass.

Born in Sistersville, West Virginia, on May 5, 1913, Dr. Sexton graduated from the West Virginia University in 1936 and received his doctorate of medicine from the University of Maryland in 1939. He completed his postgraduate training in internal medicine at the Mayo Foundation for Medical Education and Research, Rochester, Minn., in 1947 with over a four year interruption due to service in the U.S. Army Air Force Medical Corps. during World War II. Thereupon, he came to Springfield and joined the medical staff of the Mass. Mutual Insurance Co., and eventually rose to the position of Senior Vice-President and Chief Medical Director as well as a member of the Board of Directors.

Dr. Sexton served not only his community admirably in various voluntary endeavors but also his industry. He was a member of the Association of Life Insurance Medical Directors of America and was President thereof at one time. He was also a member of the Medical Information Bureau serving in various official capacities and a member of the American Life Convention. Dr. Sexton was a member of the AMA, the MMS, and the HDMS.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

In Memoriam

WILLIAM J. KISIEL, M.D.

1903 - 1973

Dr. William J. Kisiel of 61 Meadowbrook Rd., Longmeadow, died at the Mercy Hospital, Springfield, on January 16, 1973.

Born in Mystic, Conn., on September 20, 1903, Dr. Kisiel came with his family, while quite young, to Holyoke where he attended local schools. He graduated from Tufts University in 1926 and received his doctorate of medicine from the same university in 1930. After completing his internship at the Mercy Hospital, Springfield, in 1932, he entered into the private practice of medicine with special concentration in the field of orthopedic surgery.

Dr. Kisiel served on the medical staff of the Mercy Hospital for many years and was Chief of Orthopedics at one time thereof. He also served on the medical staffs of the Providence, Holyoke, Ludlow, and Mary Lane Hospitals. He was a member of AMA, MMS, HDMS, SAM, and the Boston Orthopedic Society. Besides his medical career, Dr. Kisiel found time for distinguished community service in various capacities.

To his family, his friends, and associates deepest sympathy is hereby extended.

HIGHLIGHTS OF THE JANUARY EXECUTIVE COMMITTEE MEETING

The Executive Committee met on Tuesday, January 16, 1973 in the Conference Room of the HDMS. Present were Drs. LaMarche, Zacarian, Cummings, Keroack, Burke, McHugh, Asinas, Janovsky, Moore, and Mrs. Purdy.

President LaMarche called the meeting to order at 7:10 P.M.

The minutes of the December meeting were read by Dr. Janovsky and approved by the Committee as read.

CORRESPONDENCE

Dr. Hoffman, President of the AMA, wrote to Dr. LaMarche and Mrs. Purdy thanking them for his enjoyable trip to the Hampden District.

Middlesex South District Medical Society sent an analysis of H.B. 182 for examination and whatever action HDMS deems necessary. H.B. 182 has to do with the generic names on a prescription whenever the brand name of a drug listed in the formulary is being ordered. Copies of the analysis will be sent to the Executive Committee for study.

OLD BUSINESS

A letter from the AMA stated that sending 600 copies of the lengthy PSRO legislation would be too costly. Articles have been printed in *The Hampden Hippocrat* and the latest *Newsletter.* The HCFWN, Inc., is planning to send copies printed similar to the ones sent out to the Nassau County Medical Society members. These will be sent to all physicians in Western Massachusetts.

Mr. Tompkins, Director, Public Welfare, Springfield, answered the letter sent which deals with payment for prolonged detention and other services. "A physician's bill is to be accompanied by a report with diagnoses, pertinent history, description of the service performed or operative report, the length of time spent with the patient and pertinent findings," as quoted from the Medical Care Plan, Physician's Services.

To "Honor Holyoke's Historic Hundredth," a Health Fair is to be held in Holyoke during the week of April 16,

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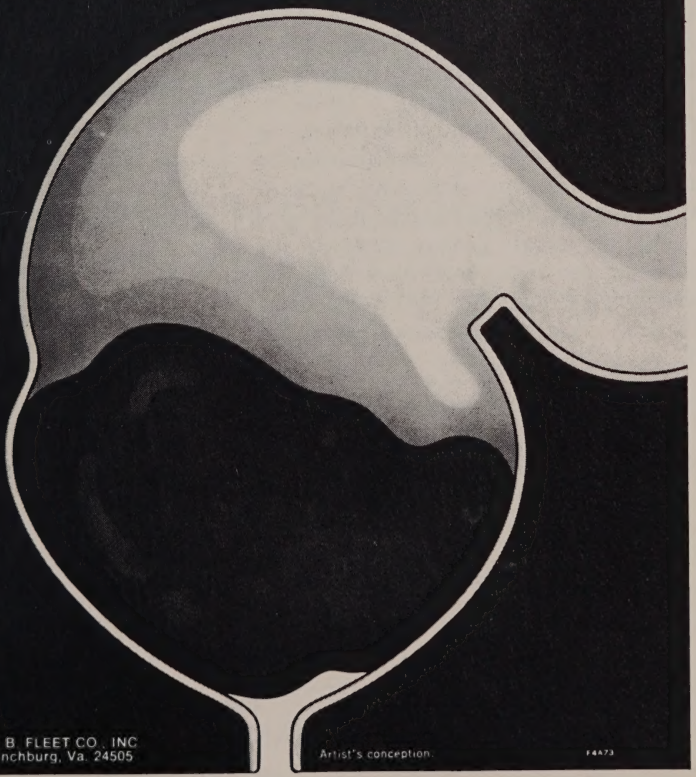

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1973. Dr. O'Malley, Chairman, sent in forms to be filled in for participation. Dr. McHugh, Chairman of the HDMS booth, will fill out the forms and plan the booth. Pamphlets will be obtained from the AMA for the booth.

Mrs. Purdy gave a report on the meeting held by the WMHPC, Inc., on Wednesday, January 10, 1973 when Dr. Bicknell, Commissioner of Public Health spoke on the reorganization plans for the State Health Department. A quote of his in the newspapers, in which he called doctors, "bums", was discussed. Mrs. Purdy and Dr. Zacarian have written letters of protest to Governor Sargent. It was voted that the HDMS write to the Governor also.

Dr. LaMarche gave a report of the meeting held at the Log Cabin Restaurant in Holyoke when invited physicians talked with Senator Edward Kennedy.

NEW BUSINESS

Dr. McHugh asked the Committee for permission to use the HDMS addressograph to issue invitations to the physicians in Hampden to attend a dinner to be given by Providence Hospital to honor the 100th anniversary of Holyoke. This was granted by the Committee. He also asked to use it to solicit physicians to donate to the Commemorative Book to be printed for the 100th Anniversary.

Mr. Piscioneri, Project Director for Elder Affairs, sent a letter describing the study being done in Springfield. The Executive Committee referred this to the Public Health Committee.

A memo from Dr. Rodkey, Chairman of the Board of Directors of the Mass. Blue Shield will be sent to Dr. Kelly, Chairman of the District Professional Service Committee.

Mrs. Purdy gave a brief report of the Clinical Meeting of the AMA held in Cincinnati in November. She also asked if the HDMS will write to Dr. Ballantine, Chairman of the AMA Committee on Quackery, and invite them to hold their meeting in Springfield. This was approved.

A discussion was held on the use of "Bank Cards" by patients for paying physicians' charges. The Judicial Council Opinions & Reports of the AMA was used as a guide on this and copies of this will be sent to physicians who inquired.

The meeting was adjourned at 8:30 P.M.

The Grievance Committee met and heard four cases.

The meeting was adjourned at 9:05 P.M.

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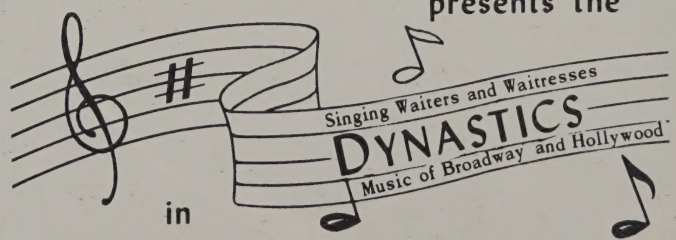

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HDMS Annual Meeting, April 24
HDMS Executive Committee Meetings, March 20 and April 17
MMS Council Meeting, Boston, May 23
MMS Annual Meeting, Boston, May 29, 30, and 31
AMA-AMPAC Public Affairs Workshop, Washington, D.C., March 10-11
National Medicolegal Symposium, Cosponsored by AMA and ABA, Las Vegas, March 22-25
AMA National Conference on Rural Health, Dallas, March 29-30
American Academy of Pediatrics, Boston, April 9-12
AMA Annual Meeting, New York, June 23-28

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